

State of California
COMMITTEE ON DENTAL AUXILIARIES

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815

Send form to all states in which you have been licensed, regardless of the status of the license.
Completed forms must be received 30 days prior to the examination date you are applying.
Completed forms may be sent directly to this office. This page may be photocopied.

I, _____, Secretary of
_____ do hereby certify that
_____ was issued State Certificate/License
Number _____ to practice _____ in the
State of _____ on the _____ of _____,
20_____ on the basis of successfully passing the required examination. I further certify that said
license expires on _____, that the record as it appears in this office to be true
and correct and that said license is in good standing.

Secretary of Board

Address

City, State, Zip Code

(_____) _____
Telephone Number

STATE SEAL